Division of Regulation and Licensure
Section for Long Term Care Regulation

LTC BULLETIN

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Protect Your Residents from Swine Flu and Other Infectious Diseases

The Centers for Disease Control and Prevention (CDC) provided much of the information for this article.

Missouri is taking significant steps to deal with a new form of influenza, H1N1, commonly called swine flu. In the event of more swine flu outbreaks, swift response by long-term care providers will reduce the impact of the illness on facility operations. At the same time, providers will play a key role in protecting residents' and employees' health and safety.

To protect everyone's health, facilities should tell employees to go home if they feel ill and believe they may have been exposed to the virus.

It is imperative that long-term care facilities have a plan in place to deal with a flu outbreak. Proper planning will protect employees and avoid potential disruptions in supplies or services. The Centers for Disease Control and Prevention offers a checklist to facilities to use as a tool in developing a comprehensive influenza plan. To obtain the checklist, visit http://www.pandemicflu.gov/plan/healthcare/longtermcarechecklist.html.

Infection Control of Ill Persons in a Long-Term Care Setting
Residents with suspected or confirmed cases of swine flu should be placed in a single-patient

(Continued on Page 2)

Protect Your Residents from Swine Flu *(continued)*

room with the door kept closed.

The ill person should wear a surgical mask when outside of the patient room, and should be encouraged to wash hands frequently and follow respiratory hygiene practices. Routine cleaning and disinfectant procedures used during flu seasons can be applied to swine flu. More information can be found at http://www.cdc.gov/ncidod/dhqp/gl_environinfection.html.

Standard, droplet and contact precautions should be used for all resident care activities, and maintained for seven days after illness onset or until symptoms have resolved. Maintain adherence to hand hygiene by washing with soap and water or using hand sanitizer immediately after removing gloves and other equipment and after any contact with respiratory secretions.

Personnel providing care to or collecting clinical specimens from individuals suspected of having or confirmed to have the H1N1 virus should wear disposable non-sterile gloves, gowns, and eye protection (e.g., goggles) to prevent exposing the eyes to potential viruses.

Masks and respirators
Until additional, specific information is available regarding the behavior of this influenza A H1N1 virus, long-term care facilities should use the guidance in the October 2006 “Interim Guidance on Planning for the Use of Surgical Masks and Respirators in Health Care Settings during an Influenza Pandemic.” (http://www.pandemicflu.gov/plan/healthcare/maskguidancehc.html) These interim recommendations will be updated as additional information becomes available.

To prevent the spread of swine flu:

- Avoid contact with ill persons.
- When you cough or sneeze, cover your nose and mouth with a tissue or your sleeve if you do not have a tissue. Throw used tissues in a trash can.
- After you cough or sneeze, wash your hands with soap and water, or use an alcohol-based hand gel.
- If you think you are ill with the flu, avoid close contact with others as much as possible.

Long-term care providers can call their local health department for the most up-to-date information or keep visiting www.dhss.mo.gov.

Regulation and Licensure Welcomes New Deputy Director

Jeanne Serra, deputy director

Jeanne Serra is the new deputy director for the department's Division of Regulation and Licensure. She joins new Director Teresa Generous in leading the division. The division regulates and licenses hospitals, emergency medical services, long-term care facilities, adult day care operations, child care centers and other health services.

Jeanne is a registered nurse and a lawyer with experience in health and nonprofit corporate law. She was associate general counsel for a national health association in greater St. Louis and developed the first medical-legal partnership for Legal Services of Eastern Missouri in St. Louis. No stranger to state government, Jeanne previously served as assistant general counsel for the Missouri Department of Mental Health and assistant attorney general for the Missouri Attorney General's Office.

Jeanne earned a nursing diploma from DePaul Hospital School of Nursing, a Bachelor of Science in Nursing from Webster University, and a law degree from St. Louis University. Jeanne's nursing expertise is in intensive care, staff development and risk management.

New Administrator Heads Long Term Care Regulation

Matt Younger, administrator

Matt Younger is the new administrator of the department's Section for Long Term Care Regulation and brings to the job 12 years of long-term care experience. He began his duties on May 18.

Matt is a former administrator of Oregon Care Center, a 60-bed skilled nursing facility in northwest Missouri. He was also employed with Regan Zambri & Long, PLLC, a medical malpractice law firm in Washington, D.C.

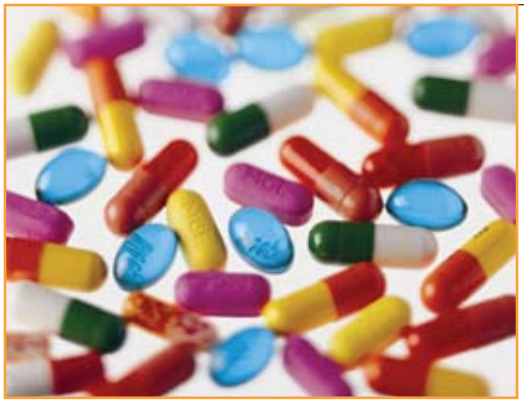
Matt has an M.S. in Health Systems Administration from Georgetown University and keeps his nursing home administrator's license current. He grew up in the northwestern Missouri town of Mound City. He began volunteering in a nursing home during high school and worked his way through college as a certified nursing assistant and certified medical technician.

Administrators and facility staff often have questions about reporting altercations between residents.

If there has been serious physical, sexual, or emotional injury or harm to a resident, it must be reported to the Elder Abuse and Neglect Hotline, and the Section for Long Term Care Regulation (SLCR) must investigate. Missouri law, section 198.070, RSMo, does not limit the reporting based on the identity of the perpetrator. State regulations prohibit mental or physical abuse of a resident by anyone. It is the responsibility of facility staff to provide 24-hour protective oversight to ensure the safety of residents.

All persons working in a long-term care facility are mandated reporters, including, but not limited to, consultants, temporary employees, volunteers, facility staff and administrators. It is not necessary to report a minor altercation, such as the accidental pushing or shoving of one resident by another during the course of daily activities. However, if one resident repeatedly shoves another, it must be reported. Anyone who observes or has reason to believe an incident caused serious physical, sexual, or emotional harm to a resident— even if caused by another resident—must report it to the Elder Abuse and Neglect Hotline at 1-800-392-0210. It will be recorded as abuse/neglect, and SLCR staff will then investigate immediately.

Please remember that failure to report abuse and neglect is a Class A Misdemeanor. All reports made to the Elder Abuse and Neglect Hotline are handled confidentially, and the reporter's name is kept confidential.



Moving Into Long-Term Care & Medicare Part D

by Carol Beahan, CLAIM Program Director

Can you change Medicare Part D plans when moving into a long-term care facility?

When people move into an intermediate care facility, Medicare gives them the opportunity to change their Medicare Part D plan or enroll in a plan for the first time. There are several reasons why they may choose to change plans:

- A better prescription plan may be available.
- The facility's pharmacy may not contract with their current Part D plan.
- The local pharmacy may not meet nursing home requirements.

This Special Enrollment Period does not apply to individuals moving into assisted living or residential care facilities. In addition, individuals have another Special Enrollment Period for up to two months after moving out of a facility.

Two other tidbits: First, Medicare Part D co-payments do not apply to intermediate-care facility residents enrolled in MO HealthNet. This exception does not apply to individuals in assisted living or residential care facilities. Secondly, when an individual receives skilled nursing care paid for by Medicare, Medicare Part A pays for their prescription drugs.

To learn more about other Special Enrollment Periods for Part D plans, contact CLAIM at (800) 390-3330. CLAIM is the state health insurance assistance program (SHIP). CLAIM provides one-on-one assistance for Medicare beneficiaries and their caregivers to navigate Medicare. A speakers' bureau is also available for professional groups and the public.

Clarification about TB Testing for Facility Staff and Residents

Question:
I hired an employee recently who worked at another long-term care facility. Do we still have to complete the Mantoux PPD two-step tuberculin test?
The facility needs the employee to complete the first step of the TB test. If the results are negative (0 to 9 mm), **and** the employee has documentation that he or she completed both test steps in the last 12 months, the facility does not need to do anything more.

Question:
What is the requirement for residents and TB testing?
Within one month prior to or one week after admission, all residents new to long-term care are required to have the initial test of a Mantoux PPD two-step tuberculin test. If the initial test is negative (0 to 9 mm), the second test should be given one to three weeks later.

Question:
Are long-term care facilities required to complete annual TB testing for all residents?
Residents with a negative TB test (0 to 9 mm) need not be routinely tested, **unless** they are exposed to infectious tuberculosis **or** they develop signs and symptoms which are compatible with tuberculosis.

Audits Reveal Errors in Residents' Trust Funds

By Lynn Gilmore & Modesta Roshi
Section for Long Term Care Regulation (SLCR) Auditors

During the last year, audits by the Section for Long Term Care Regulation have discovered frequent errors in long-term care facilities' resident trust fund accounts.

Resident trust fund management may appear as a time consuming task, however, if facility administrators and their management teams become familiar with the federal and state guidelines, the task will become a trouble-free process.

The following are the most common citations found during audits:

- The facility fails to monitor the "Aged Accounts Receivable" report. Resident funds must be kept separate from facility funds. A resident's trust fund should appear in the resident's account, not in a facility's operating account as a credit balance. [F159 – Management of Personal Funds & 19 CSR 30-88.020 (4) - Resident's Funds and Property]

(Continued on Page 7)

Errors in Residents' Trust Funds *(continued)*

- Funds that belong to a resident must be used only for the resident, and only when authorized by the resident or his/her legal guardian. In order for funds to be taken out of a resident's trust fund, the resident or his/her designee must sign all receipts, including petty cash withdrawals and beauty shop charges. If the resident is not coherent, two people from the facility are required to sign the receipts. [F159 – Management of Personal Funds & 19 CSR 30-88.020 (2) - Resident's Funds and Property]

- Each resident may keep a petty cash fund of up to $50 in a facility. This petty cash fund should be maintained separately from the facility's funds. [F159 – Management of Personal Funds & 19 CSR 30-88.020 (5) – Resident's Funds and Property]

- A written account of each resident's petty cash fund, showing receipts and disbursements, shall be maintained. The account should include the dollar amount of the transactions and when they occurred. [F159 – Management of Personal Funds & 19 CSR 30-88.020 (6) – Resident's Funds and Property]

- When a resident is admitted, the resident and his/her designee or guardian shall be provided a statement explaining the facility's policies and residents' rights regarding personal funds. [19 CSR 30-88.020 (3) – Resident's Funds and Property]

- Upon the death of a resident receiving governmental assistance, certified facilities must provide a final accounting of the resident's funds to the Third Party Liability Unit (TPL) within 30 days. Residential care and assisted living facilities have up to 60 days to provide the final accounting. [F160 – Conveyance Upon Death & 19 CSR 30-88.020 (11) – Resident's Funds and Property]

- Within five (5) days of a resident's discharge, the facility must give an up-to-date accounting of the resident's personal funds and return the balance of the funds to the resident or his/her designee. [19 CSR 30-99.020 (10) – Resident's Funds and Property]

- The facility must purchase a surety bond or noncancelable escrow agreement to assure the security of all residents' personal funds deposited with the facility. The surety bond or noncancelable escrow agreement must be equal to or greater than 1.5 times the average monthly or total balance of the residents' funds rounded to the nearest one thousand dollars. All original surety bonds or noncancelable escrow agreements must be mailed to the SLCR Licensure and Certification Unit. [F161 – Assurance of Financial Security & 19 CSR 30-88.020 (14) – Resident's Funds and Property]

- Residents' accounts shall be brought current monthly and a written statement showing all transactions and the balance must be given to the resident or his/her designee or legal guardian on a quarterly basis. [F159 – Management of Personal Funds & 19 CSR 30-88-020 (9) – Resident's Funds and Property]

- The facility must maintain an inventory of each resident's personal possessions upon admission and those brought to the facility during each resident's stay.

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The LTC Bulletin is published quarterly by the Section for Long Term Care Regulation and is distributed to all Missouri long-term care facilities. Suggestions for future articles may be sent to SamPlaster@dhss.mo.gov, or you may call (573) 526-8514.